

PE TITION FOR V ARIANCE OR WA IVER

Petitioner/Licensee

Name _____ Board: _____
Address _____ License no: _____
City _____ Category of license: _____
State _____ Zip Code _____ Telephone number: _____
Agent _____
(NAME OF AGENT FILING PETITION IF LICENSEE IS A CORPORATION)

O.C.G.A §50-13-9.1(c) requires that a register of all pending requests for variances and waivers and all approved variances and waivers be posted on the GANET web site. Requests for variance will also be publish on the Composite State Board of Medical Examiner's web page.

I hereby petition the Georgia Medical Board for the following action (select one):

☐

Variance

Select "variance" if you are requesting that a rule be modified in your particular situation.

☐

Waiver

Select "waiver" if you are requesting that a rule, or part of a rule, not be applied to your particular situation.

Petitioner must provide the following information (additional pages may be attached as needed):

1. If an attorney or other representative will assist you with this petition, please identify:

Name: _____

Address: _____

City: _____

State: _____ Zip Code _____

Telephone: _____

2. State the specific rule from which this variance or waiver is requested:

3. State how strict application of the rule, identified in #2 above, would create a substantial hardship which would justify the Georgia Medical Board granting this variance or waiver for the petitioner. The term "substantial hardship" means a significant, unique, and demonstrable economic, legal, technological or other type of hardship which would impair your ability to continue to function in your profession or business.

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4. State the alternative standards which the petitioner seeking the variance or waiver agrees to meet and describe how such alternative standards will afford adequate protection for the public health, safety, and welfare.

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5. The rule, identified in #2 above, was enacted to serve the purpose of an underlying statute. State how this variance or waiver will still serve the purpose of the underlying statute. (You may wish to refer to a copy of the laws and rules pertaining to this Board).

Signature: _____

Date: _____

MAIL THIS COMPLETED PETITION TO:

Composite State Board of Medical Examiners

**ATTENTION: Judy Sprouse
2 Peachtree Street, N.W, 6th Floor
Atlanta, GA 30324**

DO NOT WRITE BELOW THIS LINE – BOARD USE ONLY

Date petition received _____	Actual Review Date _____
Date forwarded to Board _____	Board Decision _____
Date petition posted _____	Date decision posted _____
Scheduled review date _____	Date petitioner noticed _____